APPLICATION INSTRUCTIONS

ADN Students $8,000 BSN Students $10,000 MSN Students $12,000

CENTRAL VALLEY NURSING SCHOLARSHIP PROGRAM

CENTRAL VALLEY NURSING WORK FORCE DIVERSITY INITIATIVE

SCHOLARSHIPS

Awards go to underrepresented and economically disadvantaged students pursuing higher education in nursing. Scholarships are awarded to assist students with tuition, books, equipment, and living expenses while attending an ADN, BSN, MSN degree program. Each scholarship amount ranges from $8,000 to $12,000. The actual scholarship amount is determined by the student's need and the availability of funding.

CONDITIONS FOR RECEIVING A SCHOLARSHIP

In return for receiving a scholarship, each successful student must sign a contract with the Health Professions Education Foundation and meet the following contractual terms:

1) **Be a U.S. Citizen** or a permanent resident and a California resident.

2) **Be enrolled or accepted** for enrollment in an associate, baccalaureate, or master's of science degree nursing program in one of the following counties: Fresno, Kern, Kings, Madera, Merced, or Tulare.

3) **Maintain continuous enrollment** in a nursing education program.

4) **Maintain enrollment in at least six semester units** until graduating the nursing program.

5) **Maintain a minimum cumulative GPA of 2.0** each year funds are sought.

6) **Immediately following graduation,** begin the service obligation to work as a registered nurse (RN) providing direct patient care for a minimum of two years in at least one of the counties in the six county region.

7) **As a RN, work a minimum of 32 hours** per week,
or
Immediately following graduation, pursue a career in nursing education.

Upon signing the contract, the terms become binding. Awardees will be required to repay the scholarship if the contract is breached. Awardees who breach the contract with the Foundation will not be allowed to apply for additional funding.

Students may reapply for a scholarship each academic year while enrolled in a ADN, BSN, or MSN program. There is no priority for previous awardees. Each scholarship is awarded on a competitive basis.

SCHOLARSHIP APPLICATION

Applications are accepted biannually. Applications must be postmarked by the deadline. Only complete applications will be reviewed. Each part of the application must be completed. All supporting documentation must be submitted. The Foundation will not notify applicants if their application is received incomplete. Applicants are urged to contact the Foundation prior to the final filing date to verify if their application was received complete. Do not bind or submit applications in a loose-leaf binder.

Submit the following:

1. One (1) official transcript related to your nursing education. If you are a student in your first year of the nursing program and your transcripts do not reflect your nursing education, submit your most current transcript.

The transcript must be marked official by the school and delivered to the Foundation in a sealed envelope. The Foundation will not accept unofficial transcripts, copies or print outs of transcripts, or transcripts in a broken envelope.

***Students must also submit two (2) photocopies of their application along with the original application and 2 photocopies of the following supporting documents (items 2 through 5)**

2. Personal Statements. Attach your personal statements to the application. Your statements must be typed. Statements may be short or long. However, please limit all Personal Statements to not more than 6 pages. Restate and number each question along with your answer.

3. Two letters of recommendation. Letters of recommendation must be current or dated within the last six months of the application deadline. The letters must be on letterhead or include the author's title, name of employer, mailing address, and phone number. It is recommended that at least one letter be from a faculty member.

4. Graduation Date Verification Form. This form must be signed by the nursing program director or faculty members authorized to sign on the director's behalf. The Graduation Date Verification Form is enclosed as part of the scholarship application. Applicants can also download this form from the Foundation's Web site at www.healthprofessions.ca.gov.

5. Student Aid Report (SAR). Students must submit the final 2003-2004 SAR. The SAR must indicate the student's expected family contribution (EFC). The FAFSA is available from all college financial aid offices and is also available on
the Internet at www.ed.gov/offices/OPE/express.html.

Or

2002 Federal tax return with all W-2s. Applicants who do not apply for financial aid must submit complete copies of their 2002 Federal tax return with all W-2s. Do not submit State tax returns. State tax returns will not be accepted in lieu of the Federal tax return.

SELECTION CRITERIA

Awards will be made on a competitive basis. Applications are evaluated and judged based solely on information contained in the application and supporting documents. Applicants should complete the entire application and provide specific responses to any questions.

NOTIFICATION OF AWARDS

Applicants will be notified in writing of the application results within eight weeks of the final filing date.

APPLICATION FILING DEADLINE:

Spring Application POSTMARK DEADLINE: May 14, 2003
Fall Application POSTMARK DEADLINE: October 9, 2003
Applications postmarked after these deadlines will not be accepted

Submit applications to:
Health Professions Education Foundation
818 K Street, Suite 210
Sacramento, CA 95814
(800) 773-1669 OR (916) 324-6500

SPRING Postmark Deadline: May 14, 2003
FALL Postmark Deadline: October 9, 2003

CENTRAL VALLEY NURSING SCHOLARSHIP PROGRAM
CENTRAL VALLEY NURSING WORK FORCE DIVERSITY INITIATIVE

Scholarship Award Amounts: ADN Students $8,000 BSN Students $10,000 MSN Students $12,000

Please refer to the application instructions when completing the application. Complete each part of the application form. Make sure all supporting documents are submitted with your application. Submit two copies of the complete application package. Applications must be postmarked by the due date. Late applications will not be evaluated.

PART A – PERSONAL INFORMATION

(Please type or print your answers in the space provided)

Name _____

Mailing Address _____

City _____ State _____ Zip _____

County _____

Permanent Address _____

City _____ State _____ Zip _____

County _____

Home Phone _____ Work Phone _____

Social Security #: _____ - _____ - _____ CA Drivers License # _____

Date of birth: _____/____/____ Age: _____ Gender: ____ Male ____ Female

Marital Status: ____ Unmarried ____ Married
Number of dependents other than self and spouse: _____

Are you currently employed as a registered nurse? ☐ Yes ☐ No

If yes, provide license # _____ Expiration date____/____/____

Are you the first in your family to attend college? ☐ Yes ☐ No

Is there anything that would prevent you from completing the service obligation?
☐ Yes ☐ No

PART B – ACADEMIC BACKGROUND*

Please indicate the nursing program that best describes your educational status (check all that apply):

I am currently enrolled in: _____ ADN _____BSN _____MSN

I have been accepted to: _____ ADN _____BSN _____MSN

I have graduated from: _____ ADN _____BSN _____MSN

I will attend school: _____ Full time _____ Part time

Name of School _____

Address _____

City _____ State _____ Zip _____

County _____

Year entered: ____/____/____ Graduation date: ____/____/____

Nursing Program director name:

Last Name _____ First Name _____

***Attach all official transcript(s) from past two years for any educational institution you attended. Official transcripts must bear the school seal or an authorized signature stamp. Attach your graduation date verification form.**

PART C – ETHNIC BACKGROUND

Which best describes your ethnic background:

☐ Asian ☐ Asian Indian ☐ Black ☐ Chinese
☐ El Salvadorian ☐ Filipino ☐ Hmong ☐ Japanese
☐ Korean ☐ Laotian ☐ Mexican
☐ Native American ☐ Pacific Islander ☐ Guatemalan
☐ Vietnamese ☐ White

Other (Please specify) _____

If Native American, please specify tribal affiliation:

_____

Please indicate in what city and state you were born:

City _____ State _____

In what country were you born? _____

Are you a citizen or permanent resident of the U.S.? ☐ Yes ☐ No

Are you a California resident? ☐ Yes ☐ No

How long have you lived continuously in:

A) United States yrs. _____ mos. _____

B) California yrs. _____ mos. _____

C) Central Valley yrs. _____ mos. _____

List languages you speak, read, or write in addition to English.
Check all that apply.

1. _____ Speak ☐ Read ☐ Write ☐

2. _____ Speak ☐ Read ☐ Write ☐

PART D – WORK EXPERIENCE

Please list all paid and/or unpaid work experience you may have had. List most recent first. Attach additional sheets as needed.

Employer's Name _____

Address _____

City _____ State _____ Zip _____

County _____

Your Supervisor's Name: _____ Office Phone: _____

Your Position/title: _____ Monthly Salary: _____

☐ Paid worker **OR** ☐ None paid ☐ Full-time **OR** ☐ Part-time

Employment Start Date ___/___/___ Employment End Date ___/___/___

Average hours worked per month: _____

Brief description of your job duties: _____

_____

_____

_____

_____

Employer's Name _____

Address _____

City _____ County _____ State _____ Zip _____

Your Supervisor's Name: _____ Office Phone: _____

Your Position/title: _____ Monthly Salary: _____

☐ Paid worker **OR** ☐ None paid ☐ Full-time **OR** ☐ Part-time

Employment Start Date ___/___/___ **Employment End Date** ___/___/___

Average hours worked per month: _____

Brief description of your job duties: _____

_____

_____

_____

PART E – FINANCIAL DATA

Disclosure of financial data is required. Please indicate and attach financial documents as described in either "1" or "2" below.

☐ **1. I have attached a complete photocopy of the signed 2002 Federal tax return, including all Form W-2s, filed for my household.**

☐ **2. I have attached a photocopy of the final 2003-2004 Student Aid Report (SAR).**

☐ **3. Have you applied for or received any type of financial assistance that involves a service or work obligation?**
☐ No ☐ Yes (If yes, please list the program name, the type of financial assistance, the service or work obligation and the award amount.

Program Name: _____

Type of financial assistance: _____

Work or Service Obligation: _____ Amount: $_____

4. Have you ever received an award from the Office of Statewide Health Planning and Development?
☐ No ☐ Yes (If yes, provide contract number) _____

5. Have you ever received an award from the Health Professions Education Foundation?
☐ No ☐ Yes (If yes, provide contract number) _____

PART F – PERSONAL STATEMENTS

On additional pages, please answer the questions below. Include your full name, your social security number, and page number in the upper right corner of each page. Restate and number each question along with your answer. Answer pages must be typed, double-spaced, using font size 12 only. Answers may be short or long. However, please limit all 11 Personal Statements to not more than 11 pages.

1. Why did you choose nursing as a career?

2. Have you chosen a nursing specialty area you would like to pursue? If so, please explain.

3. Where do you plan to practice nursing after graduation?

4. Describe your overall career goals for the next ten years?

5. Describe your financial need for this scholarship and how it will help fulfill your educational and/or career goals?

6. Describe how you plan to use your education to contribute to your community.

7. Describe any volunteer service or community involvement you may have.

8. Explain any educational disadvantages you may have faced.

9. Briefly describe your family background including: your father's and mother's occupation, annual income, marital status, and number of dependents including yourself?

10. Describe a plan you would develop to increase diversity in the nursing workforce.

11. How would you promote this scholarship program?

PART G – QUESTIONNAIRE

Check all that apply:
As an awardee of the Central Valley Nursing Scholarship, you may be required to participate in leadership development activities and the annual awards ceremony. Would you be available for these events? ☐ No ☐ Yes

Where did you hear about the Central Valley Scholarship Program?
☐ School ☐ Work (employer or co-worker) ☐ Friend/Acquaintance

☐ Foundation Web site ☐ Other Web site ☐ Advertisement ☐ TV ☐ Radio

☐ Newspaper or publication (please specify) _____

☐ Organization or Affiliation (please specify) _____

☐ Other source (please specify) _____

Where did you receive the Central Valley Scholarship Program application form? (Check only one.)

☐ Financial Aid Office ☐ Program Director/Instructor ☐ Foundation office

☐ Foundation Web site ☐ Other Web site ☐ Work (employer/co-worker) ☐ Friend/Acquaintance

☐ Other please specify _____

PART H – APPLICATION CERTIFICATION

I certify that all information in this application is true and accurate to the best of my knowledge. I authorize the Health Professions Education Foundation to verify any information submitted as part of this application. I understand that falsification of information contained in this application will disqualify my application and that the Board of Registered Nursing will be notified.

I understand that if falsification is discovered after I have been awarded, I will be required to repay all funds awarded, plus interest and administrative fees.

I understand that once submitted my application and supporting documents become the rights of the Health Professions Education Foundation. I also understand that my personal statements become the property of the Foundation and may be used, including but not limited to, advertising/marketing, program reports, newsletters, and other publications.

Printed name (last name, first name, middle initial)

_____

Applicant's Signature _____ Date _____

SUBMIT APPLICATIONS TO:

Health Professions Education Foundation
Central Valley Nursing Scholarship Program
818 K Street, Suite 210
Sacramento, CA 95814

SPRING POSTMARK DEADLINE MAY 14, 2003
FALL POSTMARK DEADLINE OCTOBER 9, 2003

ADDITIONAL COMMENTS:

_____
_____
_____
_____
_____
_____

THIS FORM WAS COMPLETED BY:

NAME: _____

TITLE: _____

TELEPHONE: _____

SIGNATURE: _____ DATE: _____

APPLICATION CHECKLIST
HAVE YOU INCLUDED?

- ☐ **1. One (1) official transcript related to your nursing education.**
- ☐ **2. Personal Statements.**
- ☐ **3. Two letters of recommendation.**
- ☐ **4. Graduation Date Verification Form.**
- ☐ **5. Student Aid Report (SAR).**
- ☐ **6. 2002 Federal tax return and all W2s.**
- ☐ **7. The original and two copies of the application and attachments, items 2-5. Do not make photocopies of transcripts.**

GRADUATION DATE VERIFICATION FORM

***Must be completed by the nursing program director or the director's designee.**

The student named below is applying for a scholarship from the Health Professions Education Foundation. This form is required for the application to be considered. Please return this form to the Foundation with original siganature.

Applicant's Name: _____

School of Nursing: _____

Address: _____

Year Entered: _____ Expected Graduation Date: _____
Month/Year Month/Year

Please comment on the student's performance and potential for academic success.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Name (Please Print) _____ Title _____

Signature _____ Date _____

Phone Number ( )_____

Please check one:

☐ I certify that I am the Program Director.

☐ I certify that I am authorized to sign this document on behalf of the Nursing Program Director.

Central Valley Nursing Scholarship Program

HEALTH PROFESSIONS
EDUCATION FOUNDATION
Giving Golden Opportunities